

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011149

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 112 Primary Registration District No. 5429 Registrar's No. 4
FILED MAR 20 1963

| | | | |
|---|---------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY FRANKLIN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY FRANKLIN | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) LESLIE, RR, MO 400 | | c. CITY OR TOWN LESLIE, MO. | |
| c. FULL NAME OF (If NOT in hospital, give location) HER LIFE | | d. STREET ADDRESS (If outside, give location) RESIDE ON FARM | |
| 3. NAME OF DECEASED (Type or print) MRS. ALMA F. WILSON SR. | | 4. DATE OF DEATH MARCH 13-1963 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH MAR. 30-1901 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | | 10b. KIND OF BUSINESS OR INDUSTRY ✓ | |
| 13a. FATHER'S NAME FRED SCHRADER | | 13b. MOTHER'S MAIDEN NAME ROSENA RIDDER | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 | | 16. SOCIAL SECURITY NO. MR. PERCY W. WILSON SR. | |
| 17. INFORMANT LESLIE, RR-MO. | | 14. NAME OF HUSBAND OR WIFE PERCY W. WILSON SR. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic coma DUE TO (b) Diabetes mellitus DUE TO (c) 5 yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma, colon | | INTERVAL BETWEEN ONSET AND DEATH 8h | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 20c. TIME OF INJURY Hour Month, Day, Year 11 a.m. 1963 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION WASHINGTON, MO. | |
| 20g. COUNTY GERALD, MO. | | 20h. STATE MO. | |
| 21. I attended the deceased from 1950 to 13 March 63 and last saw her alive on 13 March 63 Death occurred at 7 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) R. B. Bazzett | |
| 22b. ADDRESS Washington, Mo. | | 22c. DATE SIGNED 3-14-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE MAR. 16-1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY ST. PAULS CEM. | | 23d. LOCATION (City, town, or county) GERALD, MO. | |
| 24. FUNERAL DIRECTOR Harold W. Goldsmith | | 25. DATE RECD. BY LOCAL REG. March 16-1963 | |
| 26. REGISTRAR'S SIGNATURE John Charles Frazier | | | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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APR 29 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley E. Dwyer

Licensed Embalmer No. 4639

P. O. Address Union Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.